State of STDs in Hawaii & the US: Trends, Risk Groups, and Public Health Issues

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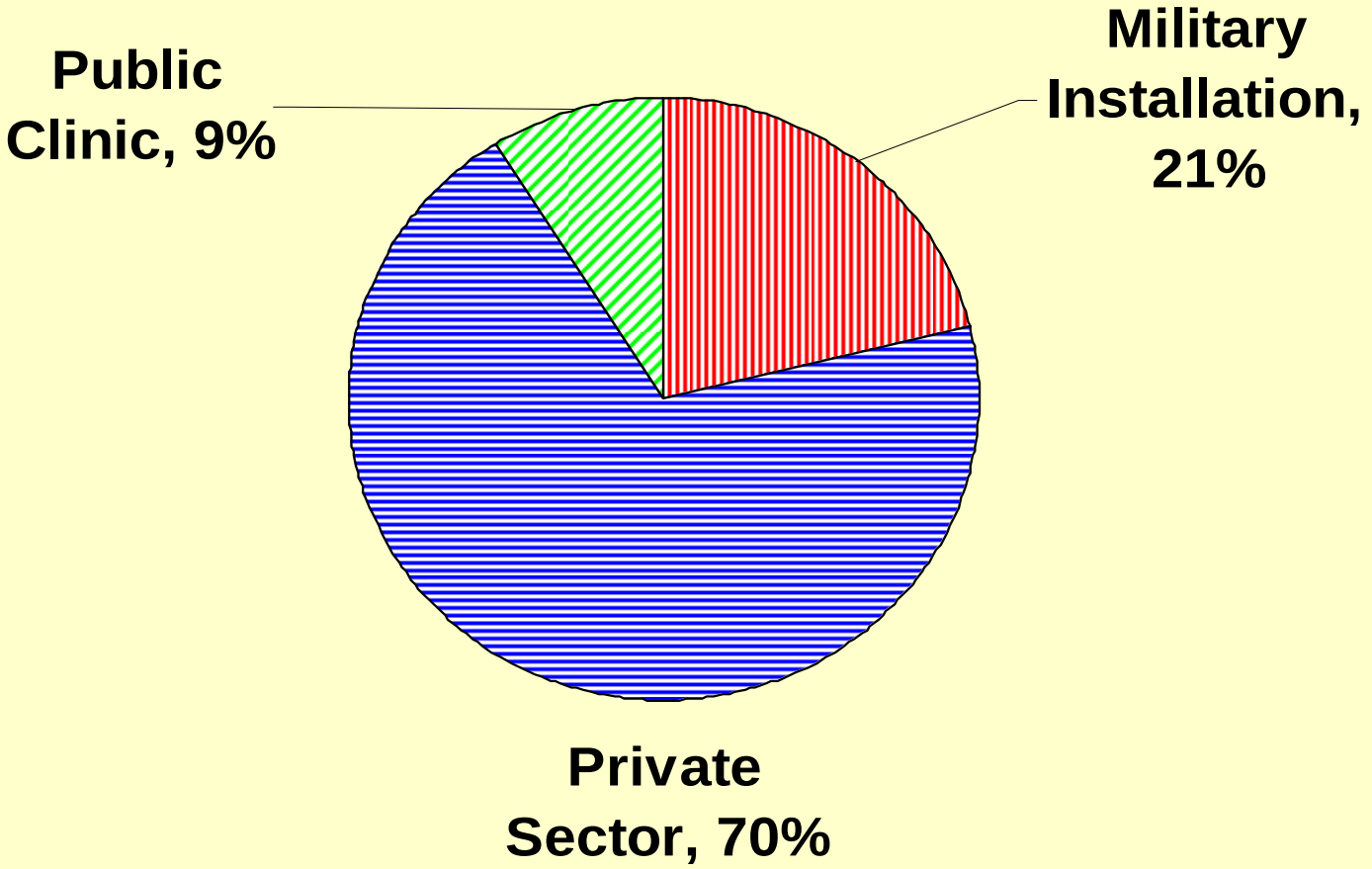
FIVE LEADING *NATIONAL NOTIFIABLE INFECTIOUS DISEASES*, UNITED STATES & HAWAII, 2005* (CASES PER 100,000 POPULATION)

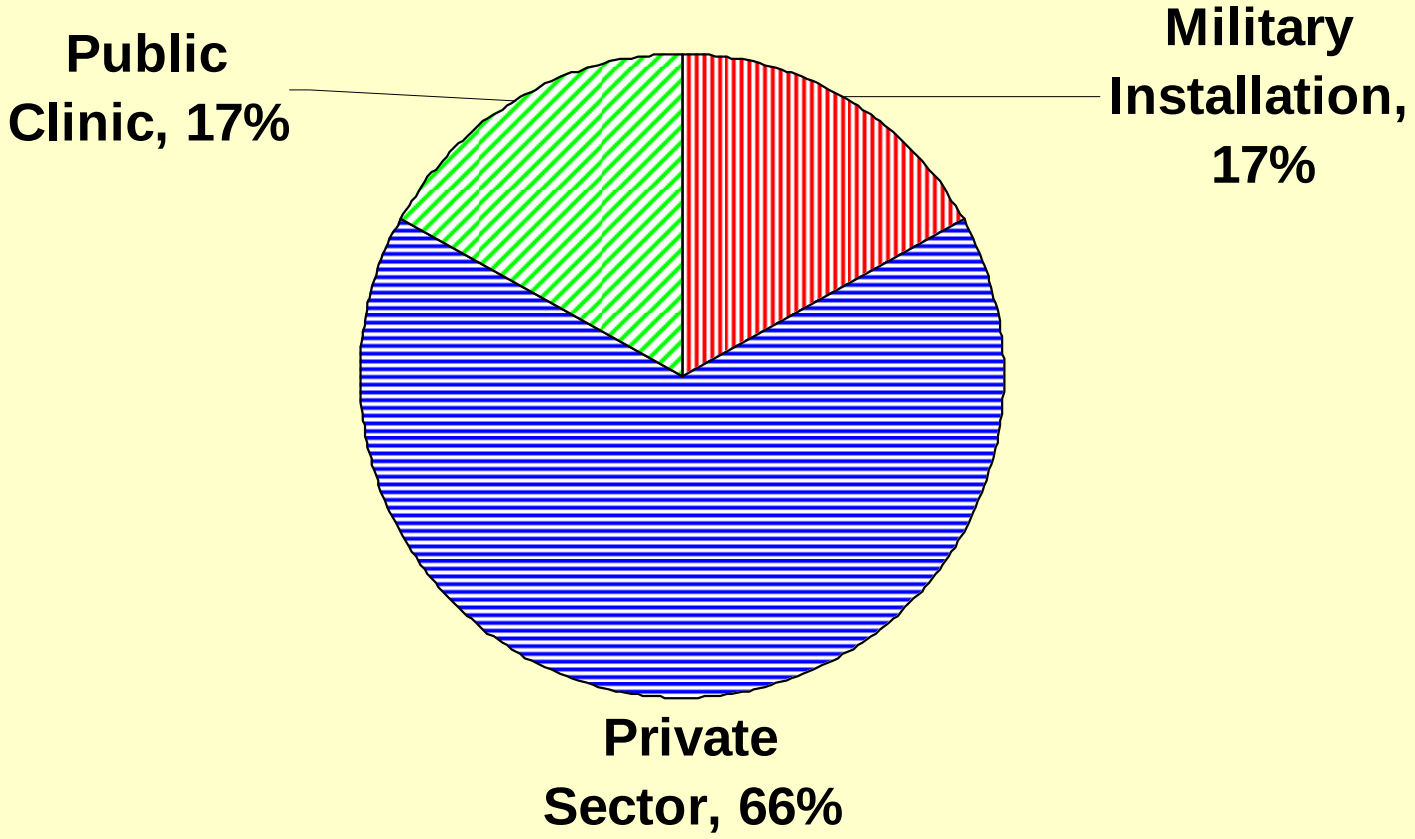
UNITED STATES		**HAWAII**	
1. CHLAMYDIA	332.5	1. CHLAMYDIA	434.6
2. GONORRHEA	115.6	2. GONORRHEA	81.1
3. AIDS	15.4	3. SALMONELLOSIS	23.0
4. SALMONELLOS	14.0	4. PERTUSSIS	12.9
5. SYPHILIS (all stages)	11.3	5. INVASIVE GROUP A STREPTOCOCCUS	10.1

* CENTERS FOR DISEASE CONTROL AND PREVENTION, SUMMARY OF NOTIFIABLE DISEASES, UNITED STATES, 2005. MMWR 2005; 54 (53):20-30.

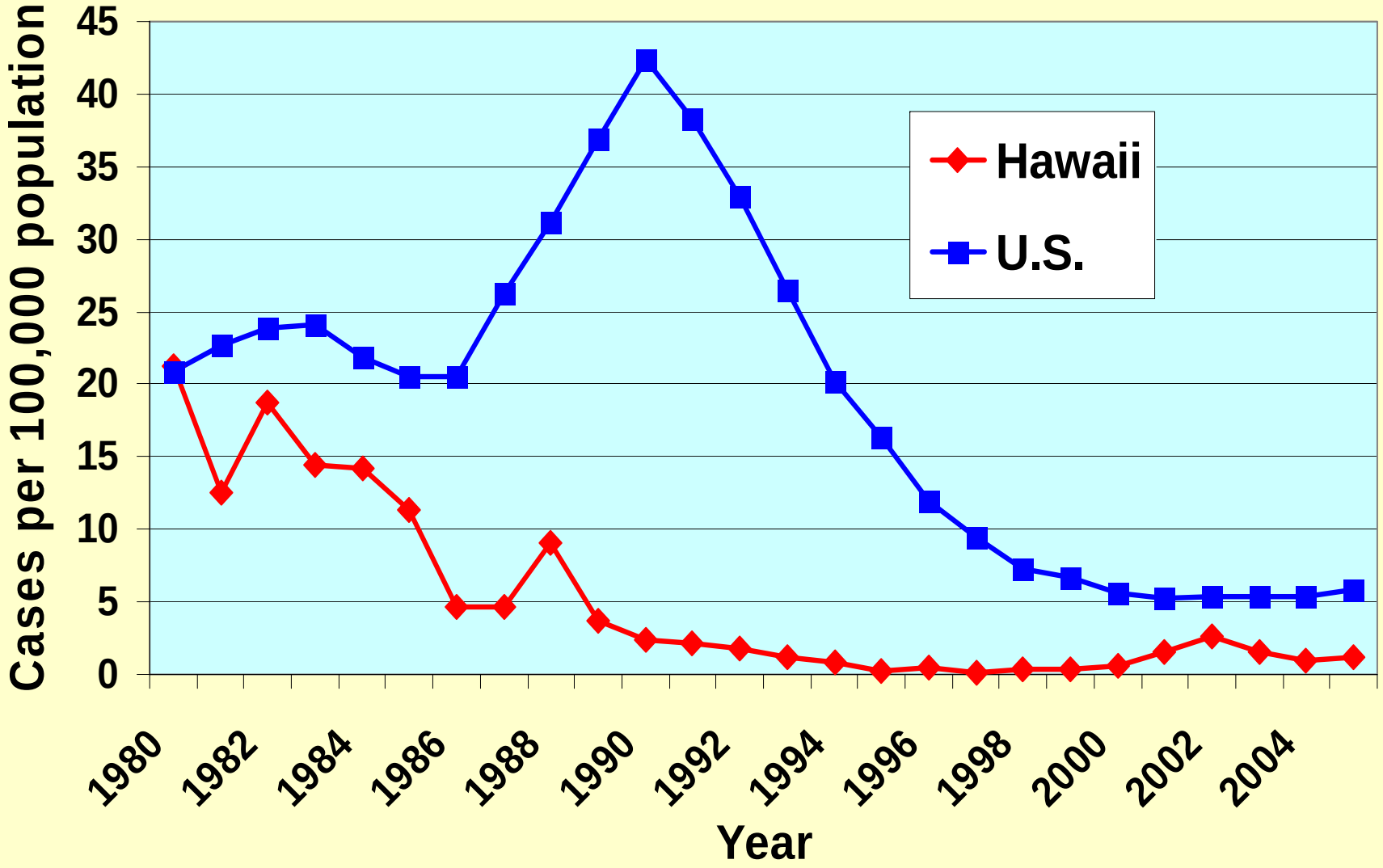
Chlamydia cases in Hawaii by reporting source, 2006



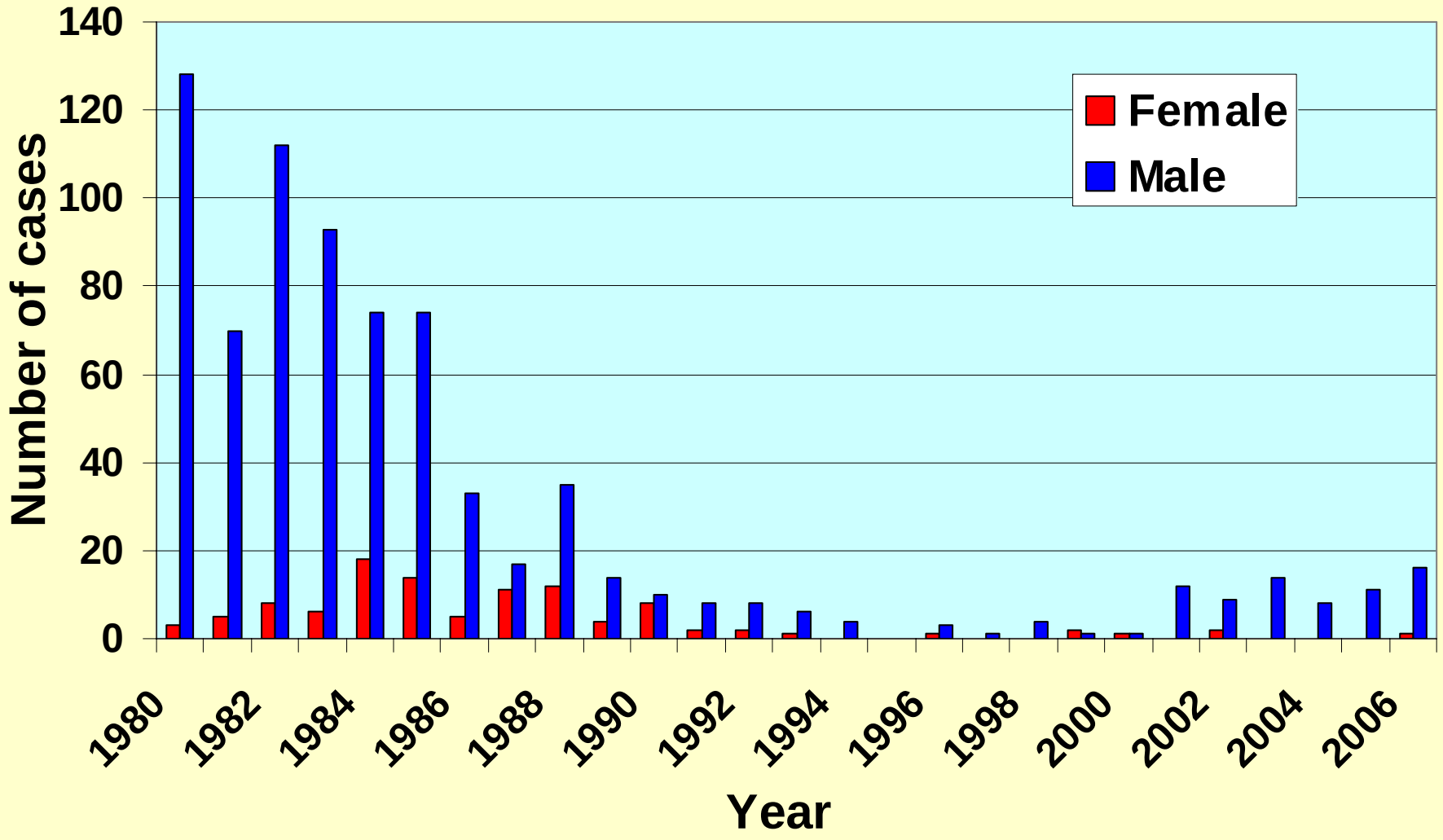
Gonorrhea cases in Hawaii by reporting source, 2006



Early syphilis rate (1^0, 2^0, and early latent), Hawaii and U.S., 1980-2006



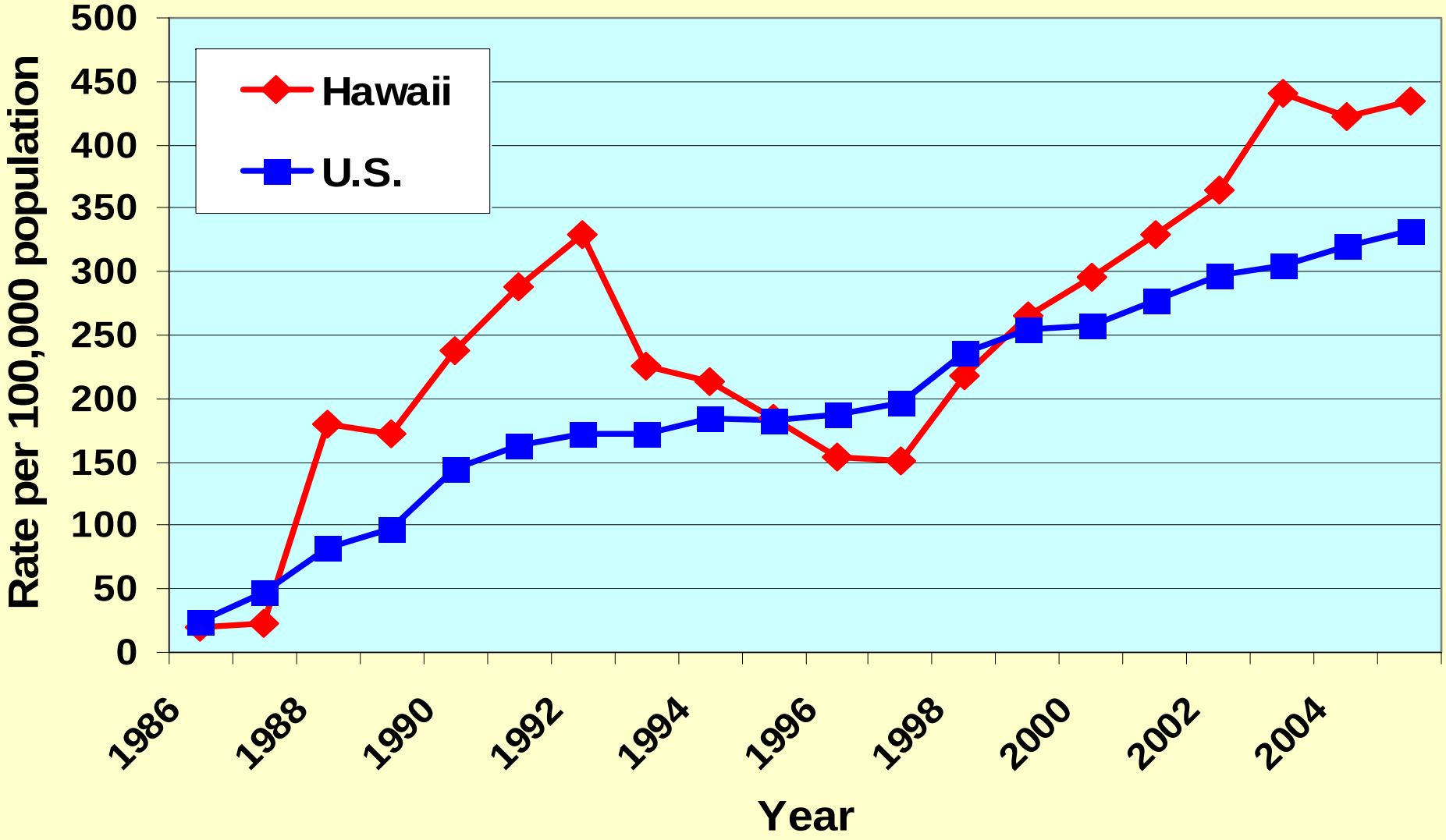
Primary and secondary syphilis cases in Hawaii, by sex and year, 1980-2006



Primary & Secondary Syphilis Profile, Hawaii 2001-2006

- Total cases = 74
- Male: 96%
- 83% of males = MSM
- Median age: 42 years
- 38% of MSM with syphilis self-disclosed they were co-infected with HIV

Chlamydia rate, Hawaii and U.S., 1986-2006



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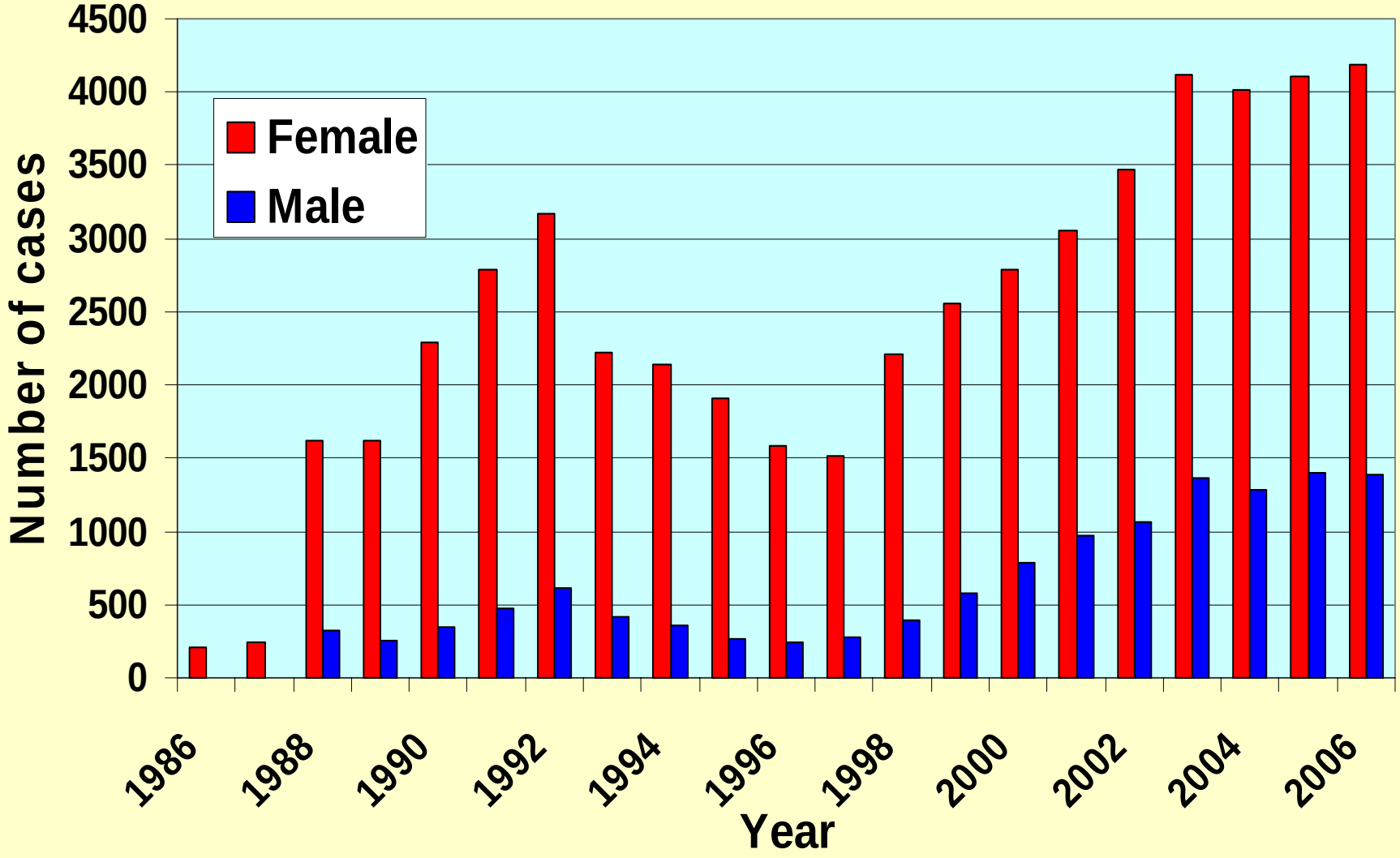
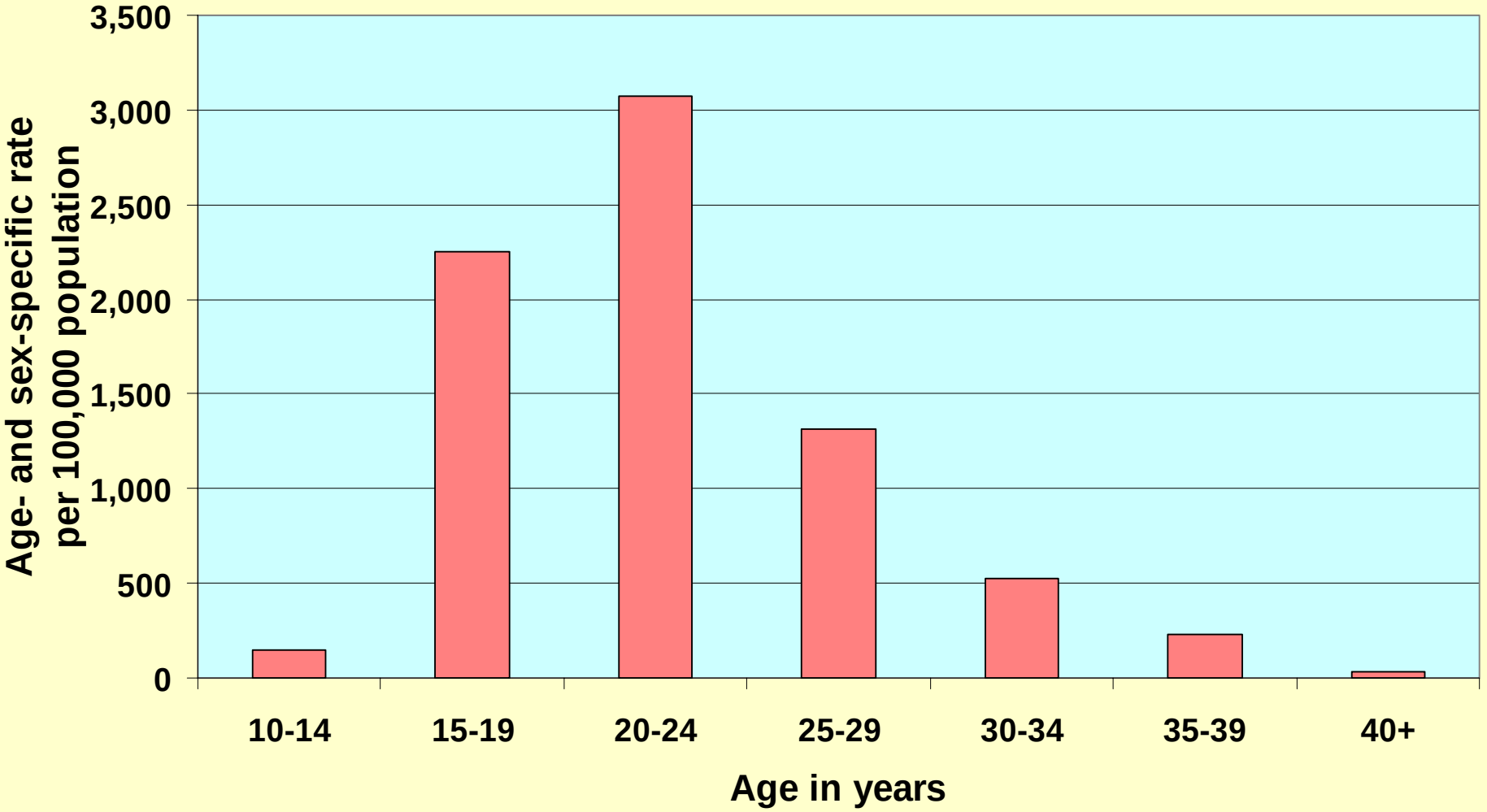
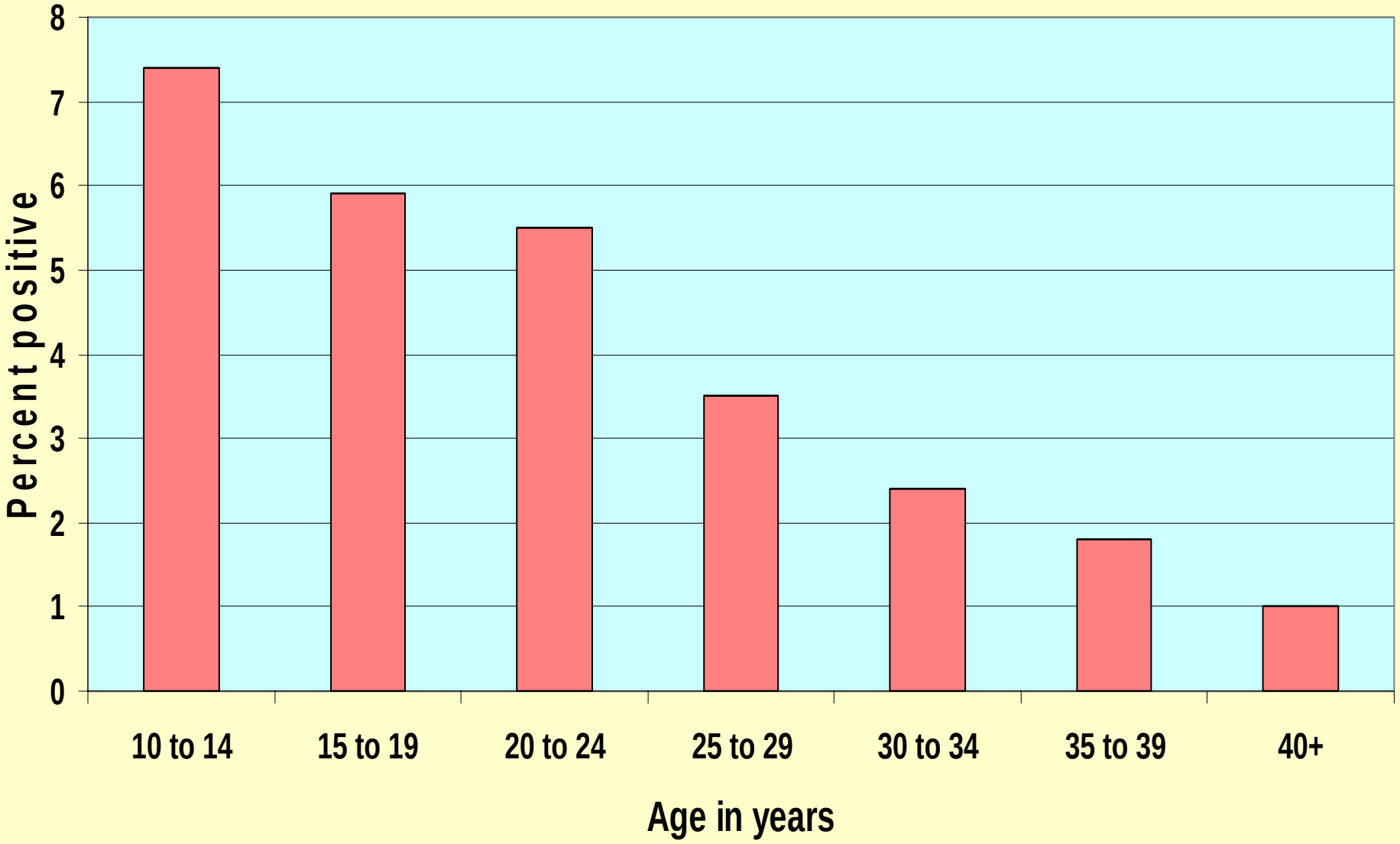


Chlamydia Rates per 100,000 population by age, for females, State of Hawaii, 2001



Hawaii Chlamydia Screening Program, positivity (in %) by age for females, 2001

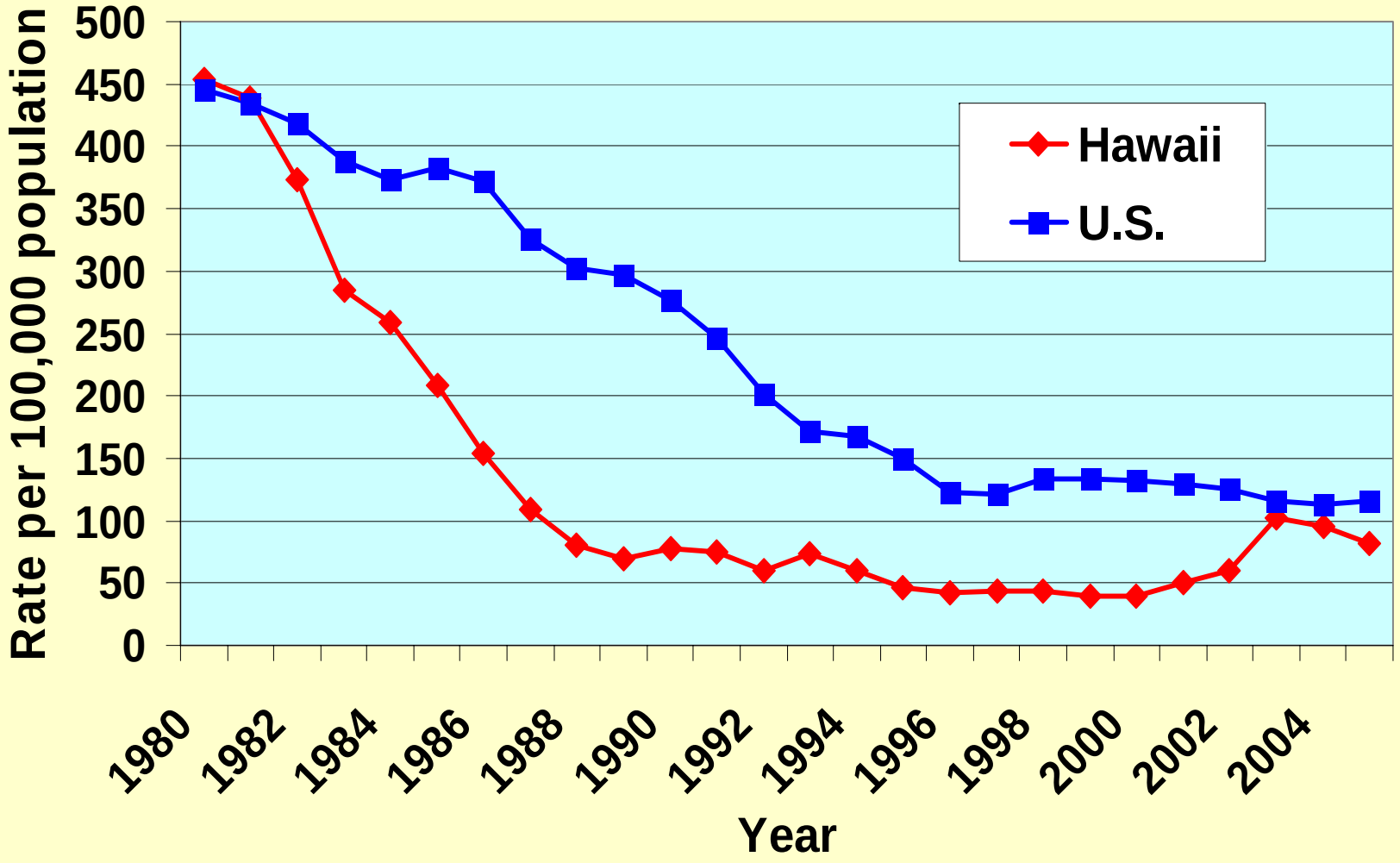


Chlamydia screening

- Annual screening is recommended for:
  - All sexually active females ≤ 25 years
  - Older women with risk factors (e.g., those with a new sex partner or more than one sex partner)

(Same recommendation in 2002 guidelines)

Gonorrhea rate, Hawaii and U.S., 1980-2006



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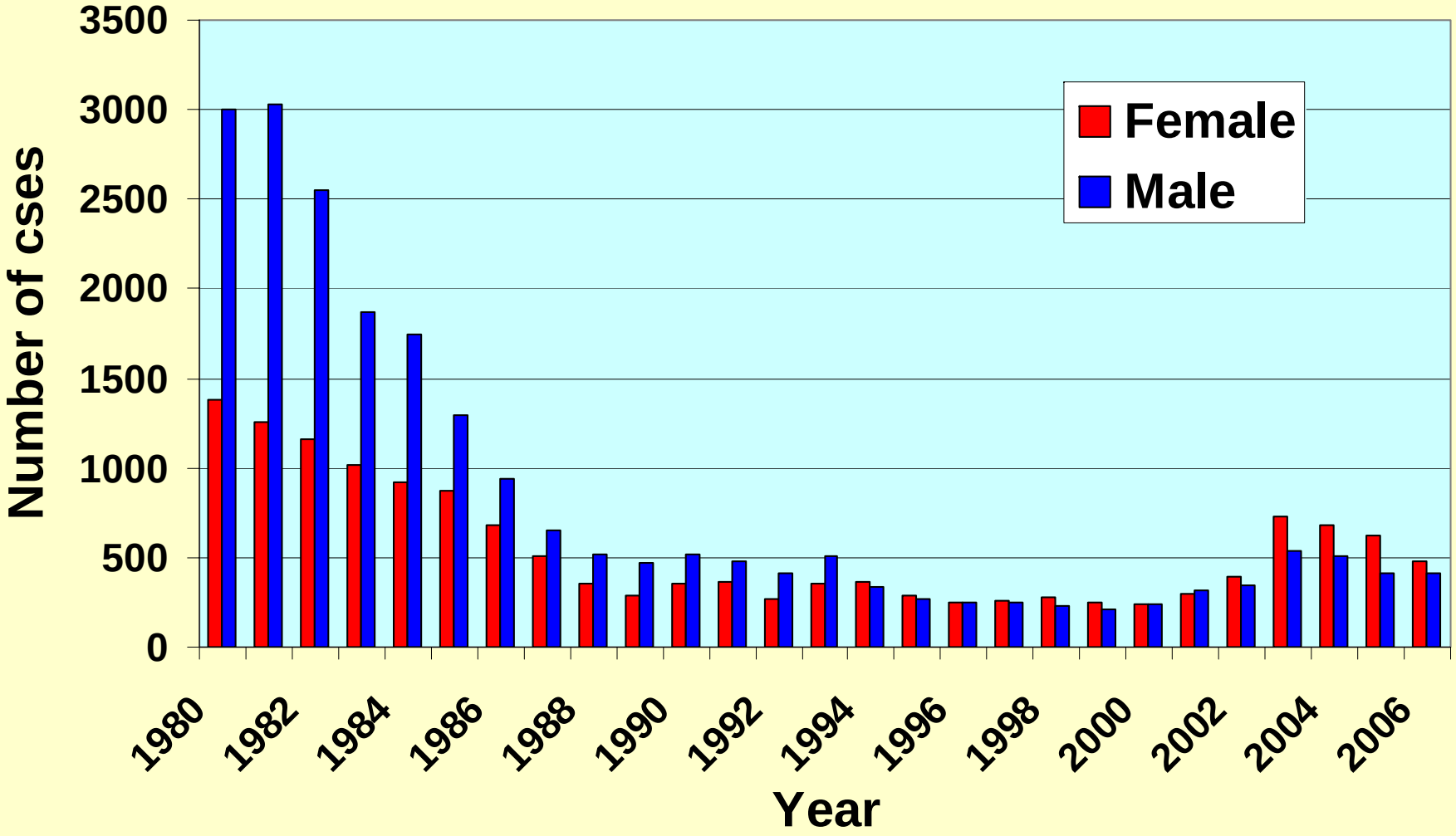

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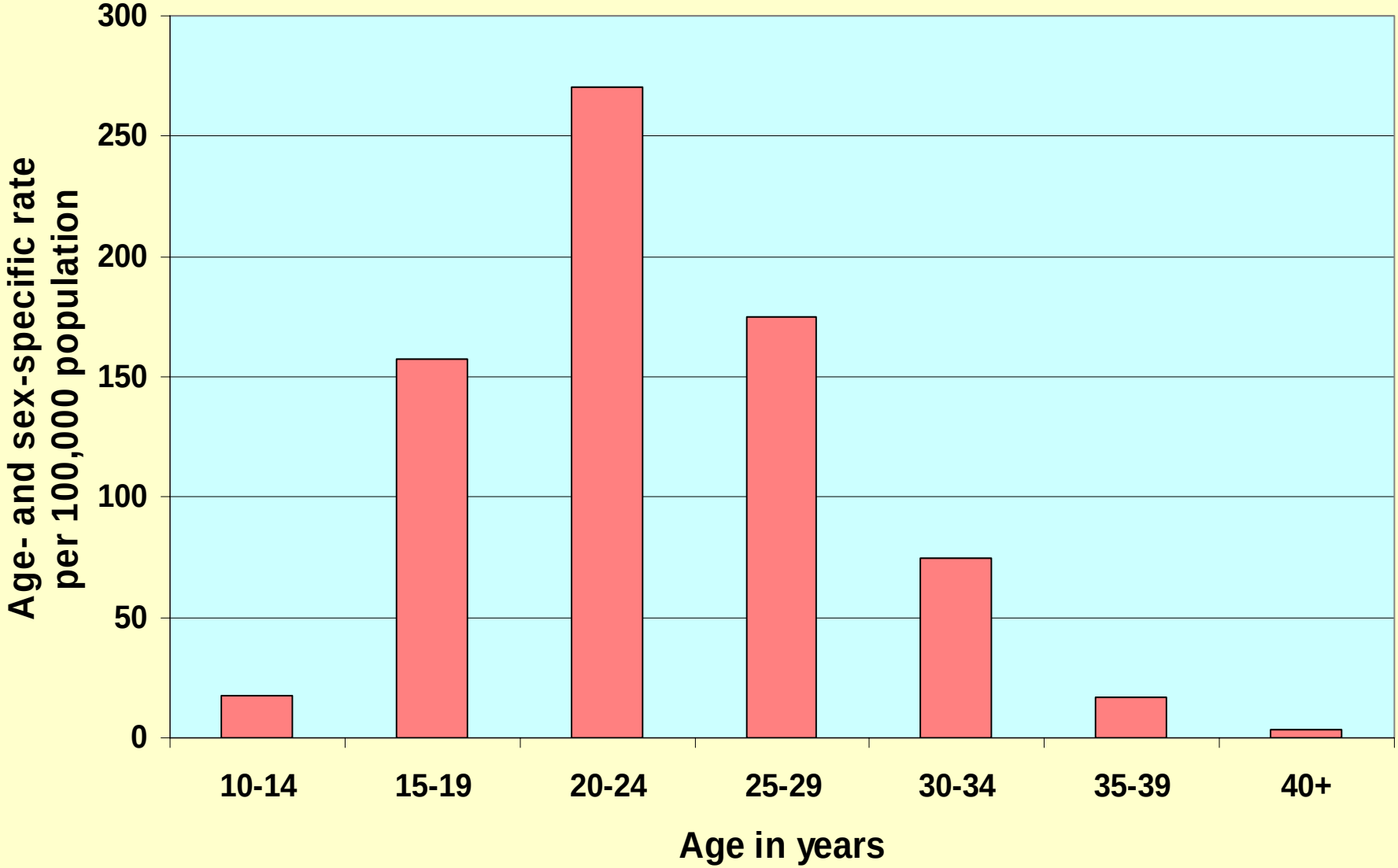


Hawaii Gonorrhea Screening Program, positivity (in %) by age for females, 2001

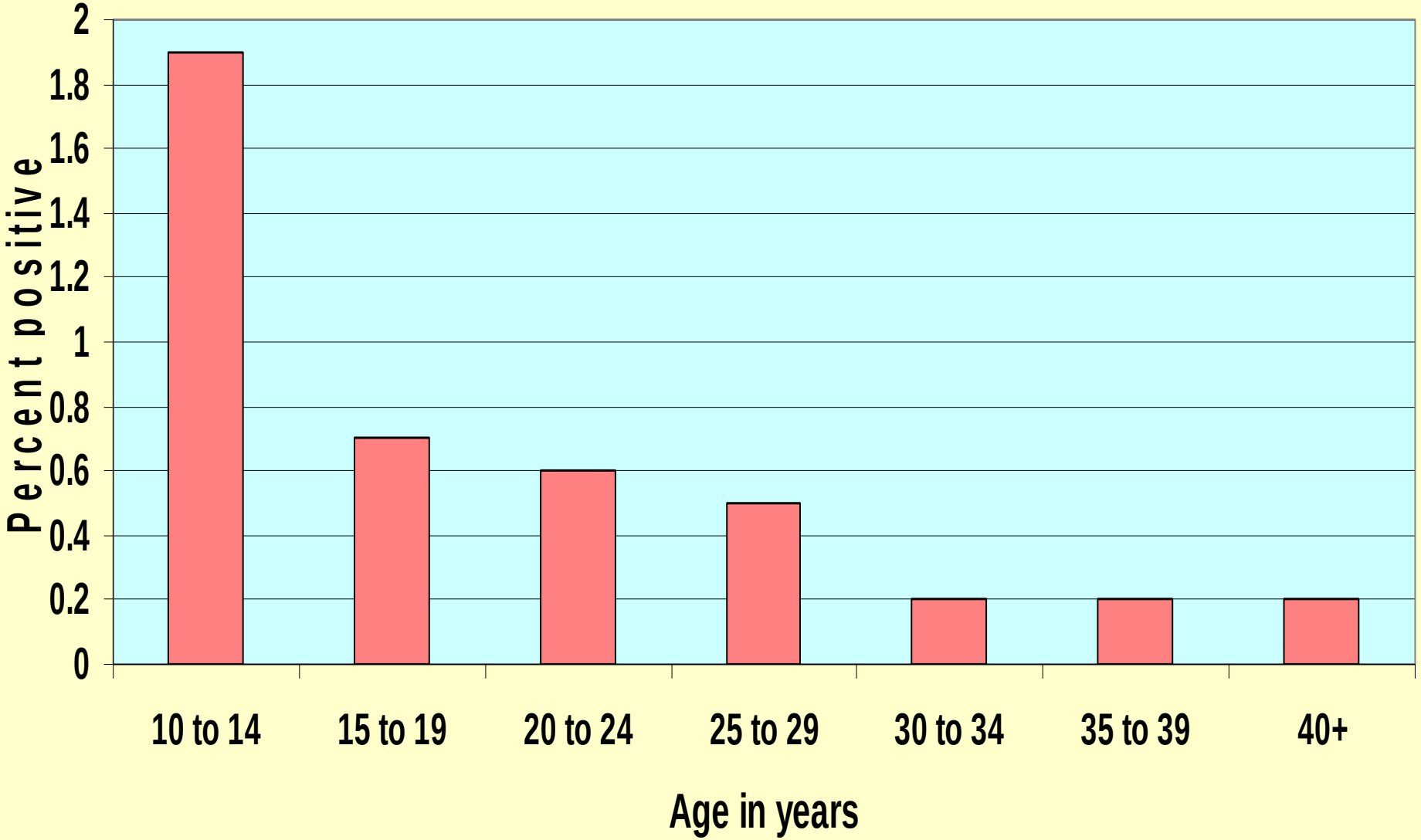
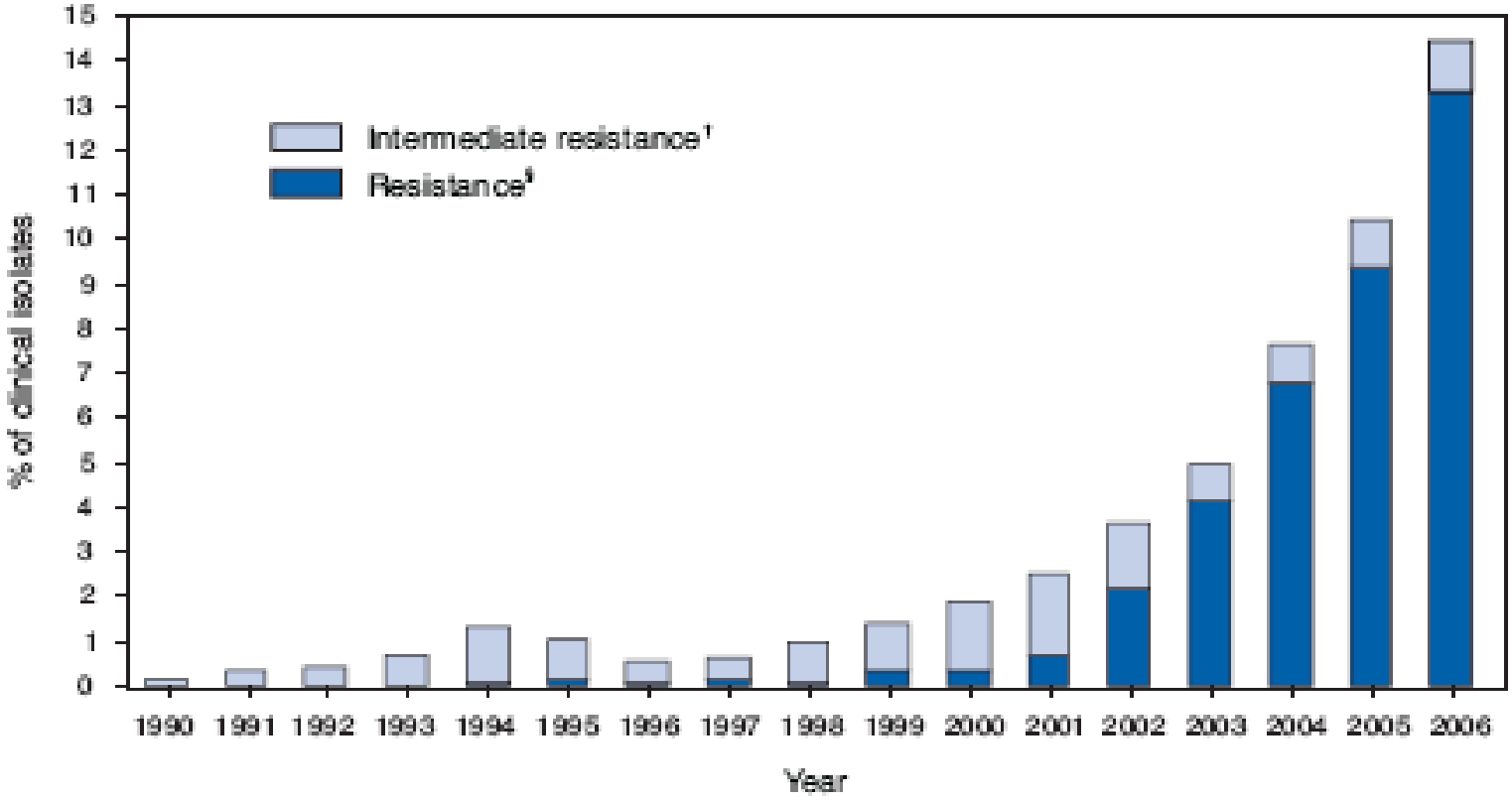


FIGURE. Percentage of *Neisseria gonorrhoeae* isolates with intermediate resistance or resistance to ciprofloxacin, by year — Gonococcal Isolate Surveillance Project, United States, 1990–2006*



* Data for 2006 are preliminary (January–June only).
† Demonstrating ciprofloxacin minimum inhibitory concentrations (MICs) of 0.125–0.500 μg/mL.
§ Demonstrating ciprofloxacin MICs of ≥1.0 μg/mL.

Increasing prevalence of quinolone-resistant *N. gonorrhoeae* (QRNG)

- The CDC has advised against using fluoroquinolones to treat gonorrhea infections in Hawaii since 2000
- On 13 April 2007, the CDC updated the 2006 STD Treatment Guidelines to note that fluoroquinolones are no longer recommended for gonorrhea treatment **ANYWHERE** in the U.S.

Prevention and Control of STDs: based on 5 major strategies

- Education and counseling of at risk persons on ways to avoid STDs
- Identification of cases (both symptomatic and asymptomatic)
- Effective diagnosis and treatment
- Evaluation, treatment, and counseling of partners of persons with an STD
- Preexposure vaccination of persons at risk for a vaccine-preventable STD

Primary prevention of STDs

- "As part of the clinical interview, health-care providers should routinely and regularly obtain sexual histories from their patients and address management of risk reduction . . ."

- Don't ask? They probably won't tell, and you have a missed opportunity.

A reminder about the importance of obtaining sexually histories

- Sexual history taking should be a routine practice for all primary care physicians
- Sexual histories are imperative both for assessing STD risk and for interpreting STD test results
- Physicians who do not obtain sexual histories are at risk of both missing patients who practice unsafe behaviors who should be screened for STDs, and of misinterpreting STD screening test results when these tests are used.

Sexual history taking is more than just asking if a patient is married

- Patients should be asked if they are sexually active with men, women, or both; the results should be documented in the chart and followed with questions about the specific type of sexual activity and the number of partners in a particular period.

Pre-exposure vaccination

- HBV: Recommended for all unvaccinated persons evaluated for an STD
- HAV: Recommended for MSM and illicit drug users (injection and noninjection)
- HPV: Should be routinely administered to all females 11-12 years old, and as a "catch up" for females 13-26 years old

Prevention information for MSM

- Some MSM are at high risk for HIV and other viral and bacterial STDs
- Routine laboratory screening for common STDs is indicated for all sexually active MSM:
  - HIV and Syphilis serology
  - Gonorrhea and Chlamydia testing
- Vaccination against Hepatitis A and B

STD screening recommendations for sexually active MSM

- At least annual evaluations for HIV, syphilis, gonorrhea and Chlamydia
- More frequent (at 3-6 month intervals) if multiple or anonymous partners, sex in conjunction with illicit drug use, or sex partner participates in these activities

Notifiable STDs, State of Hawaii:
Hawaii Administrative Rules
Title 11, Chapter 156

- HIV/AIDS
- Chlamydia
- Gonorrhea
- Syphilis
- Pelvic Inflammatory Disease (PID)
- Chancroid

Reporting of STDs

Mail, fax, or phone report within 3 days of diagnosis, to:

Hawaii State Dept. of Health (DOH)

STD Prevention Branch

3627 Kilauea Ave., Room 304

Honolulu, HI 96816

733-9281 (ph); 733-9291 (fax)

DOH Disease Intervention Specialist (DIS) Services

Confidential interviews of STD patients in order to identify locatable sexual partners. Goals are to:

- Notify partners of possible STD exposure
- Evaluate and treat partners of STD patients
- Decrease probability of reinfection of the "index" case and further transmission to others